

Proposed Standards Revisions Related to Pain Assessment and Management

Hospital Accreditation Program

Leadership (LD) Chapter

LD.04.04.01

1 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement"
2 [PI] chapter.)

Elements of Performance for LD.04.04.01

- 3 1. Leaders set priorities for performance improvement activities and patient health outcomes. (See
4 also PI.01.01.01, EPs 1 and 3)
- 5 2. Leaders give priority to high-volume, high-risk, or problem-prone processes for performance
6 improvement activities. (See also PI.01.01.01, EPs 4, 6–8, 11, 14, and 15)
- 7 3. Leaders reprioritize performance improvement activities in response to changes in the internal
8 or external environment.
- 9 4. Performance improvement occurs hospitalwide.
- 10 5. For hospitals that elect The Joint Commission Primary Care Medical Home option: Ongoing
11 performance improvement occurs hospitalwide for the purpose of demonstrably improving the
12 quality and safety of care, treatment, or services.
- 13 6. For hospitals that elect The Joint Commission Primary Care Medical Home option: The
14 interdisciplinary team actively participates in performance improvement activities.
- 15 24. For hospitals that elect The Joint Commission Primary Care Medical Home option: Leaders
16 involve patients in performance improvement activities.
17 Note: Patient involvement may include activities such as participating on a quality committee or
18 providing feedback on safety and quality issues.
- 19 25. Senior hospital leadership directs implementation of selected hospitalwide improvements in
20 emergency management based on the following:
21 - Review of the annual emergency management planning reviews (See also EM.03.01.01, EP 4)
22 - Review of the evaluations of all emergency response exercises and all responses to actual
23 emergencies (See also EM.03.01.03, EP 15)
24 - Determination of which emergency management improvements will be prioritized for
25 implementation, recognizing that some emergency management improvements might be a
26 lower priority and not taken up in the near term
- 27 **32. The hospital implements process improvement activities identified through analysis of**
28 **pain assessment and pain management data. (See also MS.05.01.01, EP 18; PI.01.01.01,**
29 **EP 56; PI.02.01.01, EPs 4 and 8; PI.03.01.01, EPs 2 and 4)**

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LD.04.05.17

Pain assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the hospital.

Elements of Performance for LD.04.05.17

1. The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities.
2. The hospital promotes access to nonpharmacologic pain treatment modalities (this may include alternative modalities, such as, chiropractic, relaxation therapy, music therapy).
3. The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.
4. The hospital establishes a plan to monitor pain assessment and pain management for potential disparities in care within patient subgroups; these subgroups may be defined by age, language, race, ethnicity, or other factors relevant in the organization's patient population. (See also RC.02.01.01, EP 1; RI.01.01.03, EPs 1 and 3)
5. The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs.
6. The hospital identifies opioid treatment programs that can be used by clinicians for patient referrals.
7. The hospital facilitates practitioner and pharmacist access to the Prescription Drug Monitoring Program databases.
8. The hospital provides equipment for clinicians to monitor patients considered high risk for adverse outcomes from opioid treatment during hospitalization.

Medical Staff (MS) Chapter

MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.

Elements of Performance for MS.05.01.01

1. The organized medical staff provides leadership for measuring, assessing, and improving processes that primarily depend on the activities of one or more licensed independent practitioners, and other practitioners credentialed and privileged through the medical staff process. (See also PI.03.01.01, EPs 2 and 4)
2. The medical staff is actively involved in the measurement, assessment, and improvement of the following: Medical assessment and treatment of patients. (See also PI.03.01.01, EPs 2 and 4)
3. The medical staff is actively involved in the measurement, assessment, and improvement of the following: Use of information about adverse privileging decisions for any practitioner privileged through the medical staff process. (See also PI.03.01.01, EPs 2 and 4)

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- 64 4. The medical staff is actively involved in the measurement, assessment, and improvement of the
65 following: Use of medications. (See also PI.03.01.01, EPs 2 and 4)
- 66 5. The medical staff is actively involved in the measurement, assessment, and improvement of the
67 following: Use of blood and blood components. (See also PI.03.01.01, EPs 2 and 4)
- 68 6. The medical staff is actively involved in the measurement, assessment, and improvement of the
69 following: Operative and other procedure(s) (See also PI.01.01.01, EP 4; PI.03.01.01, EPs 2
70 and 4)
- 71 7. The medical staff is actively involved in the measurement, assessment, and improvement of the
72 following: Appropriateness of clinical practice patterns. (See also PI.03.01.01, EPs 2 and 4)
- 73 8. The medical staff is actively involved in the measurement, assessment, and improvement of the
74 following: Significant departures from established patterns of clinical practice. (See also
75 PI.03.01.01, EPs 2 and 4)
- 76 9. The medical staff is actively involved in the measurement, assessment, and improvement of the
77 following: The use of developed criteria for autopsies. (See also PI.03.01.01, EPs 2 and 4)
- 78 10. Information used as part of the performance improvement mechanisms, measurement, or
79 assessment includes the following: Sentinel event data. (See also PI.03.01.01, EPs 2 and 4)
- 80 11. Information used as part of the performance improvement mechanisms, measurement, or
81 assessment includes the following: Patient safety data. (See also PI.03.01.01, EPs 2 and 4)
- 82 17. For hospitals that use Joint Commission accreditation for deemed status purposes: The
83 hospital attempts to secure autopsies in all cases of unusual deaths and cases of medical,
84 legal, and educational interest, and informs the medical staff (specifically the attending
85 physician or clinical psychologist) of autopsies that the hospital intends to perform.
86 Note: The definition of "physician" is the same as that used by the Centers for Medicare &
87 Medicaid Services (CMS) (refer to the Glossary).
- 88 **18. The medical staff is actively involved in pain assessment, pain management, and safe**
89 **opioid prescribing through the following (See also LD.04.04.01, EP 32):**
90 **- Participating in the establishment of protocols and quality metrics**
91 **- Reviewing performance improvement data**

Provision of Care, Treatment, and Services (PC) Chapter

PC.01.02.07

92 The hospital assesses and manages the patient's pain.

93 **The hospital assesses and manages the patient's pain based on clinical practice guidelines**
94 **and evidence-based practices and minimizes the risks associated with treatment.**

Elements of Performance for PC.01.02.07

- 95 1. ~~The hospital conducts a comprehensive pain assessment that is consistent with its scope of~~
96 ~~care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2;~~
97 ~~RI.01.01.01, EP 8)~~
- 98 1. **The hospital has written policies on pain screening, assessment, and reassessment.**
99 **These policies are based on clinical practice guidelines and evidence based practices.**
- 100 2. The hospital uses methods to assess pain that are consistent with the patient's age, condition,
101 and ability to understand.

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2. The hospital uses methods to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.
3. The hospital screens patients for pain or the risk of pain at the time of admission, based on the patient's condition and planned medical procedures and treatments.
4. The hospital either treats the patient's pain or refers the patient for treatment.
Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect a patient-centered approach and consider the patient's current presentation, the health care providers' clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.
4. For patients who have been screened and found to have new, undiagnosed, or worsening pain, the hospital conducts an assessment of clinical and psychosocial risk factors that may affect pain assessment, pain management, and the risk of treatment with opioids.
5. For patients who have pain of unclear etiology after the initial history and physical examination, a diagnostic plan is developed and implemented.
6. The hospital either treats the patient's pain or refers the patient for treatment.
Note: Treatment strategies for pain may include pharmacologic, **nonpharmacologic**, and multimodal approaches.
7. The hospital develops a pain treatment plan based on evidence, protocols, and the patient's clinical condition and pain management goals.
8. The hospital involves patients in the pain management treatment planning process through the following:
- Developing realistic expectations and measureable goals for the degree, duration, and reduction of pain that are understood by the patient
 - Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function)
 - Providing education on pain management, treatment options, and safe use of opioid medications
9. The hospital reassesses and responds to the patient's pain through the following:
- Evaluation and documentation of response(s) to pain intervention(s) (See also RC.01.01.01, EP 7)
 - Progress toward pain management goals and in the recovery process including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control)
 - Side effects of treatment
 - Risk factors for adverse events caused by the treatment
10. The hospital educates the patient and family on discharge plans related to pain management including the following:
- Pain management plan of care
 - Side effects of pain management treatment
 - Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues
 - Safe use, storage, and disposal of opioids (for example, using the US Food and Drug Administration (FDA) medication disposal guidelines and information on locations in the community where opioids can be disposed)

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Performance Improvement (PI) Chapter

PI.01.01.01

149 The hospital collects data to monitor its performance.

Elements of Performance for PI.01.01.01

- 150 1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
- 151 2. The leaders identify the frequency for data collection.
152 Note: For hospitals that use Joint Commission accreditation for deemed status purposes: The
153 leaders that specify the frequency and detail of data collection is the governing body.
- 154 3. The hospital collects data on the following: Performance improvement priorities identified by
155 leaders. (See also LD.04.04.01, EP 1)
- 156 4. The hospital collects data on the following: Operative or other procedures that place patients at
157 risk of disability or death. (See also LD.04.04.01, EP 2; MS.05.01.01, EP 6)
- 158 5. The hospital collects data on the following: All significant discrepancies between preoperative
159 and postoperative diagnoses, including pathologic diagnoses.
- 160 6. The hospital collects data on the following: Adverse events related to using moderate or deep
161 sedation or anesthesia. (See also LD.04.04.01, EP 2)
- 162 7. The hospital collects data on the following: The use of blood and blood components. (See also
163 LD.04.04.01, EP 2)
- 164 8. The hospital collects data on the following: All reported and confirmed transfusion reactions.
165 (See also LD.04.04.01, EP 2; LD.04.04.05, EP 6)
- 166 11. The hospital collects data on the following: The results of resuscitation. (See also LD.04.04.01,
167 EP 2)
- 168 14. The hospital collects data on the following: Significant medication errors. (See also LD.04.04.01,
169 EP 2; MM.08.01.01, EP 1)
- 170 15. The hospital collects data on the following: Significant adverse drug reactions. (See also
171 LD.04.04.01, EP 2; MM.08.01.01, EP 1)
- 172 16. The hospital collects data on the following: Patient perception of the safety and quality of care,
173 treatment, or services.
- 174 40. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary
175 care medical home collects data on the following: Disease management outcomes.
- 176 41. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary
177 care medical home collects data on the following: Patient access to care within time frames
178 established by the hospital.
- 179 42. For hospitals that elect The Joint Commission Primary Care Medical Home option: The primary
180 care medical home collects data on the following:
181 - Patient experience and satisfaction related to access to care, treatment, or services, and
182 communication
183 - Patient perception of the comprehensiveness of care, treatment, or services
184 - Patient perception of the coordination of care, treatment, or services
185 - Patient perception of the continuity of care, treatment, or services
186 (Refer to PI.01.01.01, EP 16)

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- 187 46. The hospital collects data on patient thermal injuries that occur during magnetic resonance
188 imaging exams.
- 189 47. The hospital collects data on the following:
190 - Incidents where ferromagnetic objects unintentionally entered the magnetic resonance
191 imaging (MRI) scanner room
192 - Injuries resulting from the presence of ferromagnetic objects in the MRI scanner room
- 193 **56. The hospital collects data on pain assessment and pain management including timing of**
194 **reassessments, types of interventions, and effectiveness (See also LD.04.04.01, EP 32).**

PI.02.01.01

- 195 The hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

- 196 3. The hospital uses statistical tools and techniques to analyze and display data.
- 197 4. The hospital analyzes and compares internal data over time to identify levels of performance,
198 patterns, trends, and variations (See also LD.04.04.01, EP 32).
- 199 6. The hospital reviews and analyzes incidents where the radiation dose index (computed
200 tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate
201 [SSDE]) from diagnostic CT examinations exceeded expected dose index ranges identified in
202 imaging protocols. These incidents are then compared to external benchmarks.
203 Note 1: While the CTDIvol, DLP, and SSDE are useful indicators for monitoring radiation dose
204 indices from the CT machine, they do not represent the patient's radiation dose.
205 Note 2: This element of performance does not apply to dental cone beam CT radiographic
206 imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to
207 obtain guidance for the treatment of such conditions.
- 208 7. The hospital analyzes its organ procurement conversion rate data as provided by the organ
209 procurement organization (OPO). (See also TS.01.01.01, EP 1)
210 Note: Conversion rate is defined as the number of actual organ donors over the number of
211 eligible donors defined by the OPO, expressed as a percentage.
- 212 8. The hospital uses the results of data analysis to identify improvement opportunities. (See also
213 LD.03.02.01, EP 5; LD.04.04.01, EP 32)
- 214 12. When the hospital identifies undesirable patterns, trends, or variations in its performance
215 related to the safety or quality of care (for example, as identified in the analysis of data or a
216 single undesirable event), it includes the adequacy of staffing, including nurse staffing, in its
217 analysis of possible causes.
218 Note 1: Adequacy of staffing includes the number, skill mix, and competency of all staff. In their
219 analysis, hospitals may also wish to examine issues such as processes related to work flow;
220 competency assessment; credentialing; supervision of staff; and orientation, training, and
221 education.
222 Note 2: Hospitals may find value in using the staffing effectiveness indicators (which include
223 National Quality Forum Nursing Sensitive Measures) to help identify potential staffing issues.
- 224 13. When analysis reveals a problem with the adequacy of staffing, the leaders responsible for the
225 hospitalwide patient safety program (as addressed at LD.04.04.05, EP 1) are informed, in a
226 manner determined by the safety program, of the results of this analysis and actions taken to
227 resolve the identified problem(s). (See also LD.03.05.01, EP 7)
- 228 14. At least once a year, the leaders responsible for the hospitalwide patient safety program review
229 a written report on the results of any analyses related to the adequacy of staffing and any
230 actions taken to resolve identified problems. (See also LD.04.04.05, EP 13)

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| 231 | 18. The hospital analyzes data collected on pain assessment and pain management. |
| 232 | 19. The hospital establishes and monitors indicators of safe use of opioids (for example, |
| 233 | checking for adverse events, use of naloxone, use of high doses, and duration of opioid |
| 234 | prescriptions). |